

Alfred E. Dixon

PLAINTIFF/PETITIONER/MOVANT'S NAME

F11362

PRISON NUMBER

P.O. Box 3030

Susunville, CA 96127

PLACE OF CONFINEMENT

High Desert State Prison (HDSP)

ADDRESS

FILED

JUL 21 2008

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY
DEPUTY CLERK

United States District Court
District Of California

ALFRED E. DIXON, SR.

Plaintiff/Petitioner/Movant

v.
T. FELKER, Warden, HDSP

Defendant/Respondent

2:08-CV-1671 DAD HC

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration

Are you employed at the institution?

☐ Yes ☒ No

Do you receive any payment from the institution?

☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

OAKLAND, CA. SSI Social Security disability.
2/2/202

3. In the past twelve months have you received any money from any of the following sources?:

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s):

b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: Year: Model:

b. Is it financed? ☐ Yes ☒ No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. *N/A*

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

SSI Social Security Disability

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

6/29/2008

Dequed E. Dixon SR.
SIGNATURE OF APPLICANT

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Dixon, Alfred
(NAME OF INMATE)

F11362
(INMATE'S CDC NUMBER)

has the sum of \$ 5.00 on account to his/her credit at
High Desert State Prison
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A

to his/her credit according to the records of the aforementioned institution. I further certify that during
the past six months the applicant's *average monthly balance* was \$ 0.00

and the *average monthly deposits* to the applicant's account was \$ 0.00

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

7-16-08

DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

[Stamp]
THIS INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
IN THE OFFICE
OFFICER'S FULL NAME (PRINTED)
CALIFORNIA DEPARTMENT OF CORRECTIONS
Accountant Supervisor
OFFICER'S TITLE/RANK

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Dixon, Alfred
(NAME OF INMATE)

F11362
(INMATE'S CDC NUMBER)

has the sum of \$ 15.00 on account to his/her credit at

High Desert State Prison
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities W/A

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's average monthly balance was \$ 0.00

and the average monthly deposits to the applicant's account was \$ 0.00

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

7-16-08
DATE

[Signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

[Stamp]
THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE
ATTEST
OFFICER'S FULL NAME (PRINTED)
Accountant Supervisor
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY
OFFICER'S TITLE/RANK

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Arnell E. Dixon SR. F-11362, request and authorize the agency holding me in
(Name of Prisoner/ CDC No.)
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either • \$350 (civil complaint) or • \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE 6'29'2008

Arnell E. Dixon Sr.

SIGNATURE OF PRISONER

REPORT ID: TS3030 .701
 REPORT DATE: 07/16/08
 PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 HIGH DESERT STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 16, 2008 THRU JUL. 16, 2008

ACCOUNT NUMBER : F11362
 BED/CELL NUMBER: FBB4T1000000128L
 ACCOUNT NAME : DIXON, ALFRED
 ACCOUNT TYPE: I
 PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/16/2008	H114	COPAY FEE, MED.	5945 06/09	5.00

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	5.00	0.00

CURRENT
 AVAILABLE
 BALANCE
 5.00-

THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST: 7-16-08
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY [Signature]
 TRUST OFFICE